

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/030103 | FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		x				
4						
5						
6						
7		x				
8		x				
9	x					
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49						
50						
TOTAL IND.			x			
TOTAL DEP.			9			
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	P.
51								
52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								